

Official Leave Letter for Surgery Recovery

[Your Name]

[Your Designation/Position or Class/Grade]

[Department/Section, if applicable]

[Company/School Name]

[Date]

To,

[Recipient's Name or "The Manager/Principal"]

[Designation]

[Company/School Name]

Subject: Application for Leave Due to Surgery and Recovery

Respected Sir/Madam,

I am writing to formally request a leave of absence from [start date] to [end date] due to a [type of surgery, e.g., appendectomy] that I am scheduled to undergo on [date of surgery]. My doctor has advised a recovery period of [number of days/weeks] to ensure proper healing and to avoid any health complications.

I have attached my medical certificate, which provides details about the surgery and the recommended duration of rest. I kindly request you to grant me official leave for the aforementioned period so I may focus on my recovery and return to work/school in good health.

Thank you for your understanding and support. Should you need any further information or documentation, please let me know.

Sincerely,

[Your Full Name]

[Your Contact Information]

Attachment: Medical Certificate (Sample Format)

Medical Certificate

This is to certify that [Patient's Name] has undergone/needs to undergo [type of surgery] on [date].

It is advised that the above-named individual refrain from work/school from [start date] to [end date] for proper post-surgical recovery and to avoid health risks.

Doctor's Name: [Name]

Registration No.: [Doctor's Registration Number]

Hospital/Clinic: [Name]

Signature and Stamp

Date: [Date of Issue]